

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 590880

FILING DATE

6/28/04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	6					
3	2					
4	1					
5	3					
6	3					
7	1					
8	3					
9	3					
10	1					
11	1					
12	1					
13	1					
14	1		1			
15	1		1			
16	2					
17	1		1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.		14				
TOTAL CLAIMS		17				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						